

FEE TRANSMITTAL
FY 2002

Complete if known

Application Serial Number	08/726,093
Filing Date	October 4, 1996
First Named Inventor	Fuchs
Group Art Unit	1631
Examiner Name	Marschel, A.
Attorney Docket No.	SYP-116

RECEIVED
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TECH CENTER 1600/2900

METHOD OF PAYMENT

1. ☐ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

2. ☐ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.

- ☐ Required Fees (copy of this sheet enclosed).
☐ Additional fee required under 37 CFR 1.16 and 1.17.

- ☐ Overpayment Credit.

3. ☐ Applicant claims small entity status.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	110.00
400	200	Extension for reply within second month	
920	460	Extension for reply within third month	
1440	720	Extension for reply within fourth month	
1960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
180	180	Submission of Information Disclosure Statement	
740	370	Filing a submission after final rejection (37 CFR 1.129(a))	
740	370	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (Specify) _____

Other fee (Specify) _____

FEE CALCULATION**1. FILING FEE****Large Entity**

Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 84.00 =

☐ Multiple Dependent Claim(s), if any \$280.00 = TOTAL

SMALL ENTITY DISCOUNT
SUBTOTAL (1) (\$) 0

2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total 75	- 59 =	16	x \$ 18.00 =	288.00
Indep. 10	- 5 =	5	x \$ 84.00 =	420.00

☐ First Presentation of Multiple Dep. Claim + \$280.00 =

TOTAL: (\$708.00)
 SMALL ENTITY DISCOUNT: (\$)
SUBTOTAL (2) (\$708.00)

SUBTOTAL (3) (\$) 110.00

SUBTOTAL (1) 0

SUBTOTAL (2) 708.00

SUBTOTAL (3) 110.00

TOTAL (\$) 818.00**CORRESPONDENCE ADDRESS**

Direct all correspondence to:

Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower-125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Date: October 2, 2001
 Reg. No : 43,321
 Tel. No.: (617) 248-7634
 Fax No.: (617) 248-7100

Isabelle A.S. Blundell, Ph.D.
 Attorney for the Applicants
 Testa, Hurwitz & Thibault, LLP
 High Street Tower-125 High Street
 Boston, MA 02110



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TRANSMITTAL
FORM

Application Serial Number	08/726,093
Filing Date	October 4, 1996
First Named Inventor	Fuchs
Group Art Unit	1631
Examiner Name	Marschel, A.
Attorney Docket No.	SYP-116
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

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ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences |
| <input type="checkbox"/> Reply with Amendment and Remarks
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input checked="" type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 |
| <input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| | <input type="checkbox"/> Small Entity Statement | <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
| | <input type="checkbox"/> CD(s) for large table or computer program | |
| | <input type="checkbox"/> Amendment After Allowance | |
| | <input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | |

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